## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 28 1997 8:00am

Secretary of State

904-476-6892

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000089896 (0)

C.M. GUYNN, INC.

SIGNATURE:

Principal Place of Business Mailing Address 1970 MIAMI CENTER 201 SO. BISCAYNE BLVD. 1970 MIAMI CENTER 201 SO. BISCAYNE BLVD. MIAMI FL 33131-4332 MIAMI FL 33131 3. Date Incorporated or Qualified 3a. Date of Last Report Report 11/01/1996 FICST 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3410212 5710 N. Davis Hwy 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Suite Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HALPERIN, RONNY J ESQ. 1970 MIAMI CENTER 82 Street Address (P.O. Box Number is Not Acceptable) 201 SO. BISCAYNE BLVD. **B3 MIAMI FL 33131** 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. Catherine Michelle Guynn (NOTE Registered Agent signature repulsed when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) conex/President Change Addition 1.1 TITLE THE michelle Guynn (Cotherine) 1.2 NAME STREET APPRESS 812 Maldonado Da. 1.3 STREET ADDRESS Densacola, Beach, FL 1.4 CITY-\$1-ZIP 00°Y - \$1 - 719 DELETE Addition TII.F 2.1 TITLE Change 2.2 NAME 2.3 STREET ADDRESS STREET LADDRESS 2. 4 CITY - ST - ZIP CHY-\$1-70° TillE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STEEL LADORESS 3.3 STREET ADDRESS CO14 - S1 - Z0 3.4 CITY-ST-ZIP DELETE Change Addition THUE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-7iP CD: V - \$1 - Z0 DELETE Change Addition | 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP C-17 - ST - Z:P DELETE Change Addition TELE 61 TITLE NAME 62 NAME STREET ADURESS 6.3 STREET ADDRESS City-St. Ad-6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name tianual officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Mpck 13 if changed, or on an attachment with an address